



Office of the City Clerk
4400 New Jersey Avenue
Wildwood, NJ 08260
(609) 522-2444
(609) 523-9200 Fax

RECEIVED

NOV 04 2019

CITY CLERK'S OFFICE

PUBLIC RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Ted MI MI Last Name Greenberg
Company NBC 10
Mailing Address 1800 Arch Street
City Philadelphia State PA Zip 19103 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Number [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up US Mail On Site Inspection ☒ Email
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any
indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/11/19

Fee Information

Available Payment Methods

Cash Check Money Order

Fees: Letter per page @\$0.05
Legal per page @\$0.07
CD -- @\$2.50

Delivery: Delivery / postage fees
additional depending upon
delivery type.

Extras: Extraordinary service fees
dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

All findings, preliminary and final, related to the investigation and cause of the

multi-level deck collapse that occurred on 9/14/19 on the 200 block of

East Baker Avenue. Including all email communications involving city

email accounts pertaining to the incident.

For Custodian Use Only

Tracking Information

Ready Date
Total Pages

Final Cost

Balance Due
Date Paid

CITY OF WILDWOOD


MEMORANDUM

TO: KAREN M. GALLAGHER, DEPUTY CITY CLERK
FROM: KATE DUNN, CONSTRUCTION OFFICE, PLANNING/ZONING
OFFICE
SUBJECT: OPRA REQUEST FORM
DATE: 11/07/2019

Karen:

The City of Wildwood Construction Office is not responsible for conducting an investigation and cause of the deck collapse at 222 E Baker Ave. A licensed professional such as licensed architect or engineer could provide this information.

Best regards,



Kate Dunn

Karen Gallagher

From: Mary Peer
Sent: Wednesday, November 13, 2019 2:22 PM
To: Karen Gallagher
Subject: 200 Block of East Baker Ave
Attachments: 20191113144316199.pdf

Karen,

The Fire Department only has the initial fire report from the incident at the 200 block of East Bake Ave. Any follow up information can be gotten from the Fire Marshall office or the Construction office for the City. I have attached the initial report for the incident.

Thanks,
Mary



Mary Peer
Administrative Clerk for the
Wildwood Fire Department
4400 New Jersey Ave

Phone: 609-846-2028
Fax: 609-522-4965

A	FDID * 05003	State * NJ	Incident Date * MM 09 DD 14 YYYY 2019	Station WFD	Incident Number * 19-0001222	Exposure * 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
B	Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract - Module in Section B "Alternative Location Specification". Use only for Wildland fires.							
	<input checked="" type="checkbox"/> Street address 222 E BAKER AVE <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of Wildwood NJ 08260 - <input type="checkbox"/> Rear of Apt./Suite/Room City State Zip Code <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Cross street or directions, as applicable							
C	Incident Type *		E1 Date & Times				E2 Shift & Alarms	
	461 Building or structure weakened		Check boxes if dates are the same as Alarm Date. Alarm * 09 14 2019 18:08:00 Month Day Year Hr Min Sec ALARM always required ARRIVAL required, unless canceled or did not arrive				Local Option Shift or Alarms District Platoon C 02 3	
D	Aid Given or Received*		E3 Special Studies					
	1 <input checked="" type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. Their FDID Their State 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given Their Incident Number N <input type="checkbox"/> None		CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit 09 14 2019 21:30:00 <input checked="" type="checkbox"/> Cleared				Local Option Special Study ID# Special Study Value 	
F	Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values			
	86 Investigate Primary Action Taken (1) 81 Incident command Additional Action Taken (2) 82 Notify other agencies. Additional Action Taken (3)		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0001 0024 EMS other 0008 0001 <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 000 000 <input type="checkbox"/> Contents \$ 000 000 <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ 000 000 <input type="checkbox"/> Contents \$ 000 000 <input type="checkbox"/>			
Completed Modules			H1* Casualties <input type="checkbox"/> None		H3 Hazardous Materials Release		I Mixed Use Property	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11			Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input checked="" type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use* Structures			341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs			
131 <input type="checkbox"/> Church, place of worship			342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair			
161 <input type="checkbox"/> Restaurant or cafeteria			361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station			
162 <input type="checkbox"/> Bar/Tavern or nightclub			419 <input type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office			
213 <input type="checkbox"/> Elementary school or kindergarten			429 <input checked="" type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant			
215 <input type="checkbox"/> High school or junior high			439 <input type="checkbox"/> Rooming/boarding house		629 <input type="checkbox"/> Laboratory/science lab			
241 <input type="checkbox"/> College, adult education			449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant			
311 <input type="checkbox"/> Care facility for the aged			459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)			
331 <input type="checkbox"/> Hospital			464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage			
			519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse			
Outside			936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site			
124 <input type="checkbox"/> Playground or park			938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard			
655 <input type="checkbox"/> Crops or orchard			946 <input type="checkbox"/> Lake, river, stream		Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 429			
669 <input type="checkbox"/> Forest (timberland)			951 <input type="checkbox"/> Railroad right of way		Multifamily dwelling			
807 <input type="checkbox"/> Outdoor storage area			960 <input type="checkbox"/> Other street					
919 <input type="checkbox"/> Dump or sanitary landfill			961 <input type="checkbox"/> Highway/divided highway					
931 <input type="checkbox"/> Open land or field			962 <input type="checkbox"/> Residential street/driveway					

NFIRS-1 Revision 03/11/99

K1, Person/Entity Involved WINDSOR CONDOMINIUM ASSOC - -
 Local Option Business name (if applicable) Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

 WINDSOR CONDOMINIUM ASSOC
 Mr., Ms., Mrs. First Name MI Last Name Suffix

 C/O DAVID MILES 153 HILLSIDE AVE
 Number Prefix Street or Highway Street Type Suffix

BERGENFIELD, NJ 07621
 Post Office Box Apt./Suite/Room City

 -
 State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner ☐ Same as person involved? Then check this box and skip the rest of this section. - -
 Local Option Business name (if applicable) Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

 Mr., Ms., Mrs. First Name MI Last Name Suffix

 Number Prefix Street or Highway Street Type Suffix

 Post Office Box Apt./Suite/Room City

 -
 State Zip Code

L Remarks
 Local Option

District alarm was transmitted by WPD for a structural collapse across from 233 E Baker, rescue 3 was manned and responded to scene. Actual incident address is 222 E Baker. Upon arrival Squad 3 officer reported, major structural collapse of 2 outside decks that were detached, on the ground, with multiple people injured and trapped, full response from RUST Team to the scene. Squad 3 officer investigated the scene, transferred command to Squad 3 chauffeur. Squad 3 officer found 2 pancake collapsed wooden decks, decks were approx 10'x25'. Decks were being manually stabilized from the sidewalk and porch sides to prevent additional movement of decks over entrapped victims. 1 adult male pt, laying unconscious/unresponsive at the base of the front steps on the sidewalk. C-2 quickly evaluated Pt, Pt had a pulse and was breathing, C-6(Gaskill) was directed to begin Pt care. C-2 went onto porch, was informed that there was one additional victim trapped under both decks. IC (C-3) requested a municipal division recall, additional ALS units and a medivac helicopter. C-2 assessed Pt under the deck, Pt was conscious, Pt had a deck joist across his upper back, head and neck were pinned to the concrete porch. C-2 requested airbags and cribbing to the porch level. DFC Troiano arrived, was given a face to face from C-3 and command was transferred to DFC Troiano. DFC Troiano requested 1st alarm assignment and EMS task force. At this time several more WFD units arrived, street side of decks were cribbed and stabilized by B-2 and D-3 overseen by FO3. Chief Speigel arrived and assumed IC. IC ordered 2nd alarm assignments, NJ Task force 1 response an additional EMS task forces, ALS and medivac units. Triage area was established to the East of collapse and clear of the collapse zone. A-1 was in charge of EMS triage/transport. Pt extraction point was established at Baker and Pacific Aves, ambulance staging area was established at 4600 New Jersey, South Municipal Parking Lot. All manual stabilization was discontinued and non-essential personnel were removed from the hot zone. C-4 set-up airbags and were readied for use along with cribbing. C-3 coordinated lifts of dual airbags simultaneously. C-2

L Authorization

6748 Vessels, Gerard J FF Shift OIC 09 15 2019
 officer in charge ID Signature Position or rank Assignment Month Day Year

check Box if ☒ 6748 Vessels, Gerard J FF Shift OIC 09 15 2019
 same as Officer Member making report ID Signature Position or rank Assignment Month Day Year
 in charge.

FDID * 05003 State * NJ Incident Date * 9 14 2019 Station WFD Incident Number * 19-0001222 Exposure * 000

Complete
Narrative

Narrative:

District alarm was transmitted by WPD for a structural collapse across from 233 E Baker, rescue 3 was manned and responded to scene. Actual incident address is 222 E Baker. Upon arrival Squad 3 officer reported, major structural collapse of 2 outside decks that were detached, on the ground, with multiple people injured and trapped, full response from RUST Team to the scene. Squad 3 officer investigated the scene, transferred command to Squad 3 chauffeur. Squad 3 officer found 2 pancake collapsed wooden decks, decks were approx 10'x25''. Decks were being manually stabilized from the sidewalk and porch sides to prevent additional movement of decks over entrapped victims. 1 adult male pt, laying unconscious/unresponsive at the base of the front steps on the sidewalk. C-2 quickly evaluated Pt, Pt had a pulse and was breathing, C-6(Gaskill) was directed to begin Pt care. C-2 went onto porch, was informed that there was one additional victim trapped under both decks. IC (C-3) requested a municipal division recall, additional ALS units and a medivac helicopter. C-2 assessed Pt under the deck, Pt was conscious, Pt had a deck joist across his upper back, head and neck were pinned to the concrete porch. C-2 requested airbags and cribbing to the porch level. DFC Troiano arrived, was given a face to face from C-3 and command was transferred to DFC Troiano. DFC Troiano requested 1st alarm assignment and EMS task force. At this time several more WFD units arrived, street side of decks were cribbed and stabilized by B-2 and D-3 overseen by FO3. Chief Speigel arrived and assumed IC. IC ordered 2nd alarm assignments, NJ Task force 1 response an additional EMS task forces, ALS and medivac units. Triage area was established to the East of collapse and clear of the collapse zone. A-1 was in charge of EMS triage/transport. Pt extraction point was established at Baker and Pacific Aves, ambulance staging area was established at 4600 New Jersey, South Municipal Parking Lot. All manual stabilization was discontinued and non-essential personnel were removed from the hot zone. C-4 set-up airbags and were readied for use along with cribbing. C-3 coordinated lifts of dual airbags simultaneously. C-2 remained with victim. Once weight was lifted off of victim, victim went unconscious/unresponsive. Decks were lifted several inches, giving enough clearance for C-2 to halt airbag operations and ordered victim to be removed by C-2, C-3 and C-5. C-spine was established, Pt was log rolled, C-collar applied, placed on LSB and removed from collapse zone. Due to structural integrity being compromised, the 4th floor roof and dormer now being free standing, all personnel were removed form the immediate area and clear of the collapse zone. Tenants were allowed in, through a rear door, while being accompanied by WFD members to retrieve personal items. AC electric secured power to the property. Property was secured using wood to cover door openings to prevent unauthorized entry. All WFD units cleared, placed back in service and returned to quarters.

Total of 21 Patients involved

18 Pt's transported to CRMC

1 Pt transported to Maxwell Field LZ

2 Pt refusals

For more Pt information see EMS Incidents #'s 19-1708-12

Mutual Aid EMS Incidents

LTRS -2

MTRS-3

WCRS-6

NWFD-4

STFD-1

A FDID * <u>05003</u> State * <u>NJ</u> Incident Date * MM <u>9</u> DD <u>14</u> YYYY <u>2019</u> Station <u>WFD</u> Incident Number * <u>19-0001222</u> Exposure * <u>000</u>		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 9 Apparatus or Resources											
B Apparatus or * Resource		Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken					
		Check if same as alarm date Month Day Year Hour Min													
1	ID <u>AME3</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>5</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>75</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
2	ID <u>AME3-1</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>75</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
3	ID <u>AME3-2</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>75</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
4	ID <u>CAR3</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>92</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
5	ID <u>CAR3-1</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>92</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
6	ID <u>QUINT3</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>5</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>13</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
7	ID <u>R-3</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>71</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
8	ID <u>SQUAD3</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>11</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
9	ID <u>UV3</u>	Dispatch	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:09</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>			
	Arrival	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>18:11</u>									
	Type <u>71</u>	Clear	<input checked="" type="checkbox"/>	<u>9</u>	<u>14</u>	<u>2019</u>	<u>21:30</u>								
Type of Apparatus or Resources															
<table style="width:100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other </td> <td style="vertical-align: top; width: 33%;"> Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other Medical & Rescue 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other </td> <td style="vertical-align: top; width: 33%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More Apparatus? Use Additional Sheets </div> Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined </td> </tr> </table>													Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other Medical & Rescue 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More Apparatus? Use Additional Sheets </div> Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined
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NFIRS-9 Revision 11/17/96															

A	FDID 05003	State NJ	Incident Date MM DD YYYY 9 14 2019	Station WFD	Incident Number 19-0001222	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.

1	ID AMB3	Dispatch <input checked="" type="checkbox"/>	9	14	2019	18:09	Sent <input checked="" type="checkbox"/>	5	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/> <input type="text"/>
	Type 75	Arrival <input checked="" type="checkbox"/>	9	14	2019	18:11	<input checked="" type="checkbox"/>			
		Clear <input checked="" type="checkbox"/>	9	14	2019	21:30				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0144	Dunn, Daniel	CP	X				
4993	Bannon, Dave	FF	X				
6304	Sharp, John	FF	X				
6305	Alvarado, Chad		X				
6567	Feltwell, Robert	FF	X				

2	ID AMB3-1	Dispatch <input checked="" type="checkbox"/>	9	14	2019	18:09	Sent <input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/> <input type="text"/>
	Type 75	Arrival <input checked="" type="checkbox"/>	9	14	2019	18:11	<input checked="" type="checkbox"/>			
		Clear <input checked="" type="checkbox"/>	9	14	2019	21:30				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
7289	Sacco, Christina	FF	X				

3	ID AMB3-2	Dispatch <input checked="" type="checkbox"/>	9	14	2019	18:09	Sent <input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/> <input type="text"/>
	Type 75	Arrival <input checked="" type="checkbox"/>	9	14	2019	18:11	<input checked="" type="checkbox"/>			
		Clear <input checked="" type="checkbox"/>	9	14	2019	21:30				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
3957	Gaskill, William	FFE	X				

A		MM DD YYYY		WED		19-0001222		000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
FDID * 05003		State * NJ		Incident Date * 9 14 2019		Station		Incident Number *		Exposure *			

B Apparatus or Resource	Date and Times <small>Check if same as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People 1	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
Use codes listed below	Month Day Year Hours/mins				

1	ID CAR3	Dispatch <input checked="" type="checkbox"/>	9	14	2019	18:09	Sent <input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type 92	Arrival <input checked="" type="checkbox"/>	9	14	2019	18:11	<input checked="" type="checkbox"/>			
		Clear <input checked="" type="checkbox"/>	9	14	2019	21:30				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
3738	Speigel, Daniel	C	X				

2	ID CAR3-1	Dispatch <input checked="" type="checkbox"/>	9	14	2019	18:09	Sent <input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type 92	Arrival <input checked="" type="checkbox"/>	9	14	2019	18:11	<input checked="" type="checkbox"/>			
		Clear <input checked="" type="checkbox"/>	9	14	2019	21:30				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
9848	Troiano III, Ernest	DC	X				

3	ID QUINT3	Dispatch <input checked="" type="checkbox"/>	9	14	2019	18:09	Sent <input checked="" type="checkbox"/>	5	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type 13	Arrival <input checked="" type="checkbox"/>	9	14	2019	18:11	<input checked="" type="checkbox"/>			
		Clear <input checked="" type="checkbox"/>	9	14	2019	21:30				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
164448	Palmer, Nicolas	FF	X				
2878	Spiegel, Jacob	FFE	X				
3157	Troiano, Ryan	FFE	X				
3441	Snyder, John	FFE	X				
8089	Kobierowski, Darrick	FF	X				

A FOID * <u>05003</u> State * <u>NJ</u> Incident Date * <u>9</u> <u>14</u> <u>2019</u> Station <u>WED</u> Incident Number * <u>19-0001222</u> Exposure * <u>000</u>		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel			
B Apparatus or Resource Use codes listed below		Date and Times Check if same as alarm date Month Day Year Hours/mins		Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
1 ID <u>R-3</u> Type <u>71</u>		Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>18:09</u> Arrival <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>18:11</u> Clear <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>21:30</u>		Sent <input checked="" type="checkbox"/>	<u>2</u>		
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
3888 4184	Walker, Rayquan Speigel, David	FFE FF	X X				
2 ID <u>SQUAD3</u> Type <u>11</u>		Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>18:09</u> Arrival <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>18:11</u> Clear <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>21:30</u>		Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1392 1481 6748 9405	Brown, Michael Phillips, Brendan Vessels, Gerard Harron, Richard	FF FF FF FF	X X X X				
3 ID <u>UV3</u> Type <u>71</u>		Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>18:09</u> Arrival <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>18:11</u> Clear <input checked="" type="checkbox"/> <u>9</u> <u>14</u> <u>2019</u> <u>21:30</u>		Sent <input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
8580	Feltwell, Adam	FF	X				